



SOUTHWEST WASHINGTON HEALTH DISTRICT

Clark County Health Center
PO Box 1870
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Vancouver WA 98663
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Fax (360) 397-8084

Skamania County Health Center
PO Box 162
683 Rock Creek Drive
Stevenson WA 98648
(509) 427-5138
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PLAN REVIEW APPLICATION

NAME OF FOOD SERVICE ESTABLISHMENT _____

Site Address _____ City _____ State WA Zip _____

Phone number _____ Estimated opening date _____

OWNER/COMPANY NAME _____

Owner's address _____ City _____ State _____ Zip _____

Owner's phone number _____ Fax number _____

IS THIS A CHANGE OF OWNERSHIP? NO ☐ YES ☐ IF yes, date of change _____

If yes, what was the previous name of the establishment? _____

IS THIS NEW CONSTRUCTION? YES ☐ NO ☐ **IS THIS A BUILDING /KITCHEN REMODEL?** YES ☐ NO ☐

Construction contact: _____ Phone _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

WATER: Public _____ or Small Public Water Supply Name _____ ID# _____

SEWAGE: Public _____ or On-site (septic system) _____

TYPE OF ESTABLISHMENT: Check one or more that best describes the type of establishment.

Restaurant ☐ Tavern/Bar ☐ Convenience Store (only) ☐ Convenience Store & Deli ☐ Caterer ☐ Espresso Cart ☐ Motel/Hotel ☐
Annual Itinerant/Mobile Truck ☐ Concession Stand/Cart ☐ Public Kitchen/Grange ☐ Little League ☐ School Cafeteria ☐ Food Bank ☐
Grocery (only) ☐ Grocery Store ☐ and Deli ☐ and Bakery ☐ and Meat/Fish Market ☐ Bakery (only) ☐ Meat/Fish Market (only) ☐

Hours of operation _____ Number of employees per shift _____

Anticipated number of meals served per day _____ Anticipated seating capacity _____

COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer) _____ ID# _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY:

Date _____ Menu ☐ Food Prep Plan ☐ Floor Plan ☐ Client ID # _____

Receipt # _____ Site ID # _____

Received by: _____ Plan Review Fee Paid \$ _____ Inspector _____